



SUSTAINING MEMBERS

Beaumont Children's Hospital
DMC Children's Hospital of Michigan
Henry Ford Health System
Hurley Medical Center
University of Michigan
C.S. Mott Children's Hospital and
Von Voigtlander Women's Hospital

CONTRIBUTING MEMBERS

Michigan Section, American Congress
of Obstetricians and Gynecologists
Mott Children's Health Center

PARTNERING MEMBERS

Calhoun County
Public Health Department
College of Health and Human Services,
Eastern Michigan University
Detroit Department of Health
and Wellness Promotion
Genesee County Health Department
Health Department of
Northwest Michigan
Inter-Tribal Council of Michigan
Michigan Association for
Infant Mental Health
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School Health Association
School-Community Health Alliance
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GENERAL MEMBERS

Healthy Mothers Healthy Babies
of Michigan
Maternal-Newborn Nurse Professionals
of Southeastern Michigan
Michigan Association of School Nurses
Michigan Section,
Association of Women's Health,
Obstetric and Neonatal Nurses

EXECUTIVE DIRECTOR

Amy Zaagman
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Written comments for Senate Government Operations Committee 7/30/13 RE: House Bill 4714

Dear Majority Leader Richardville and members of the committee:

Please accept the following comments on behalf of the Michigan Council for Maternal and Child Health. Council membership is comprised of large hospital systems, statewide organizations and smaller local entities organized around the belief that through a collective voice they can impact policy and encourage the need to invest in prevention strategies that will improve maternal and child health in Michigan. We appreciate this opportunity to share our thoughts as the committee deliberates on HB 4714.

Thus far in the debate on if, and how, Michigan will access the federal option to cover some uninsured populations, we have added somewhat of a unique perspective as you will see from the attached talking points. Because pregnant women and children are currently covered in Michigan up to 185% and 200% of the federal poverty level (FPL) respectively, we have focused on the benefits that can be derived from making coverage available to women of childbearing age below 133% of the FPL before they become pregnant, following a pregnancy or between pregnancies. It is important to understand that complications during pregnancy, birth outcomes, as well as the viability of infants in their first year can, in many cases, be traced back to the underlying health of the mother before she becomes pregnant.

For example, a woman who lacks insurance coverage and does not have a regular primary care provider may have unmonitored and uncontrolled hypertension or diabetes. If she becomes pregnant and gains coverage through Medicaid temporarily, it is a difficult task for her providers to address her underlying chronic condition as well as adequately care for her pregnancy. Both of these chronic health examples can contribute to significant complications during pregnancy and can result in preterm birth, the leading cause of infant mortality or death before age 1.

We believe there is a compelling interest for the state to allow women below 133% of the FPL to have coverage throughout their childbearing years for consistency of care and improved outcomes. The financial benefits of such a move can be quickly realized if even a small percentage of babies are born full-term instead of premature, if pregnancy complications are avoided because of health management before pregnancy and if services after pregnancy targeted for a new mother keep her healthy for her family – just to highlight a few of those benefits.

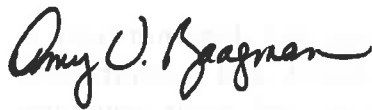
The human costs are somewhat obvious given the proven impact of preconception and prenatal health policies on both infant and maternal

mortality. You are well aware of Michigan's need to address our infant mortality rate – our rate of loss in Michigan is higher than the national average, significantly higher for some populations. You may not be as aware that Michigan's has the HIGHEST maternal mortality rate in the nation – meaning more women (per 1,000 live births) will die during pregnancy or within one year of giving birth in our state than any other.

Specific to the proposal put forth in HB 4714, we appreciate the desire to achieve efficiency and personal responsibility within Michigan's Medicaid program. Distinct improvements have been made since the introduction of HB 4714, including language to clarify pregnant women are not impacted by the amendatory provisions. For all the reasons we have shared about the need to provide consistent access to care for women of child bearing age, we are concerned that time limitations placed on "able-bodied" adults may prove counter-productive and thus reporting and continued analysis will be paramount. We do seek clarification that the time a pregnant woman is enrolled in the Medicaid program as an Exempt Individual by federal definition (under 42 CFR 440.315) will not count toward her 48 months in the proposed MCL 400.105 (21).

Lastly, we wish to extend our thanks to the Senate Government Operations Committee and the workgroup chaired By Sen. Kahn charged with presenting this proposal. While we continue to have questions on the details of implementation, we support and encourage reporting HB 4714 to the Senate floor for immediate consideration.

Respectfully submitted,

A handwritten signature in black ink, reading "Amy U. Zaagman". The signature is fluid and cursive, with the first name "Amy" being the most prominent part.

Amy U. Zaagman
Executive Director



MATERNAL AND CHILD HEALTH is about ACCESS TO CARE

The Michigan Council for Maternal and Child Health is deeply concerned about preserving access to care for women and children.

HOUSE BILL 4714 WILL HELP FAMILIES

While pregnant women and children are currently covered to 185% and 200% of the federal poverty level respectively in Michigan, there are numerous benefits to the making opportunities available to other individuals with income below 138% of FPL:

- **Better preconception health of women**
 - Studies show preexisting obesity, hypertension, diabetes, sexually transmitted infections and other poor health indicators can compromise a healthy birth outcome
- **Better postnatal care of women**
 - Currently women lose their Medicaid eligibility 60 days postpartum but their ongoing health needs including support for breastfeeding, mental health and substance use services can have a direct impact on the infant
- **Better health of parents and caretaker relatives**
 - Children depend on the adults in their lives and they need them to be healthy and productive to grow and thrive
 - Studies show that children with insurance coverage are more likely to access care when the health-care decision-makers (adults) in their lives also have coverage that allows them to value preventive care
- **Better care for young adults**
 - As 19- and 20-year olds transition into adulthood we should seize the opportunity to establish good health behaviors and value for health coverage

A Healthy Michigan Plan that allows access to health care for women before and after they are pregnant as well as for adult family members will have a direct impact on the health and well being of infants and children in Michigan.

**Access to the right care at the right time makes a difference.
Women and families need that care and commitment today.**



